

TELECOMMUNICATIONS OPERATIONS DIVISION TELEPHONE SERVICE REQUEST

Attachment

****ALL DIRECTORY/BILLING FIELDS MUST BE COMPLETED****

DIRECTORY INFORMATION:

____ *Published* ____ *Unlisted* ____ *Contractor*

FIRST NAME: _____

LAST NAME: _____

PHONE NUMBER: _____

BUILDING: _____

ROOM NUMBER: _____

BILLING INFORMATION:

Agency: _____

Routing Symbol: _____

----- TASC users only -----

Org Segment: _____

SERVICE REQUIRED:

____ *Add*
____ *Move*
____ *Swap Inside Move w/* _____
____ *Delete*
____ *Re-designate*
____ *Directory Change*
____ *Other*

☐ Single-Line
☐ Multi-Line

Type of Equipment: _____

____ *Voice*
____ *Data/Modem*
____ *Fax*

FROM:

Room Number: _____

Cable Number: _____

CLASS OF SERVICE: _____

FEATURE PACKAGE: _____

List an existing number in Speed Call Group:

List an existing number in Call Pickup Group:

On Busy to Extension: _____

No Answer to Extension: _____

Group Intercom Number: _____

Member Number: _____

Call Waiting: ____ Yes ____ No

TO:

Room Number: _____

Cable Number: _____

CLASS OF SERVICE: _____

FEATURE PACKAGE: _____

List an existing number in Speed Call Group:

List an existing number in Call Pickup Group:

On Busy to Extension: _____

No Answer to Extension: _____

Group Intercom Number: _____

Member Number: _____

Call Waiting ____ Yes ____ No